



City of Seattle
Human Services Department

2015 Family Caregiver Support Program Request for Proposal

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Human Services Department**

**2015
Family Caregiver Support Program
Request for Proposal**

GUIDELINES

I. Introduction

The Aging and Disability Services division of the City of Seattle Human Services Department (HSD) is seeking applications from agencies interested in providing Family Caregiver Support services for unpaid caregivers for older adults and adults 18+ with a disability living in King County. This Request for Proposal (RFP) is open to non-profit agencies. The Family Caregiver Support Program (FCSP) provides culturally and linguistically appropriate support and services for unpaid caregivers including information and assistance, counseling, support groups, training/consultation, emergency respite coordination, and an evidence-based assessment and referral tool called Tailored Care and Referral or TCARE®. All agencies are also expected to perform outreach activities. Supplemental services, house work and errands, and respite services are also available but not included in this RFP. FCSP supports and services reduce physical and emotional stress experienced by caregivers so their loved one is able to live in the community.

The Aging and Disability Services division of HSD promotes quality of life, independence and choice for older people and adults with disabilities. As the state-designated local Area Agency on Aging for Seattle-King County the division is co-sponsored by the City of Seattle Human Services Department, United Way of King County and King County.

Approximately \$1,652,162 is available through this RFP from the following sources:

Fund Sources	RFP Amount
<i>State Family Caregiver and Older American's Act Title III-E</i>	\$1,652,162

HSD intends to fund a maximum of twelve proposals. Initial awards will be made for the period of July 1, 2015 – June 30, 2016. While it is the City's intention to renew agreements resulting from this RFP on an annual basis through the 2019 program year, future funding will be contingent upon performance and funding availability.

The City of Seattle Human Services Department seeks to contract with a diverse group of providers to help ensure that the desired result of HSD's Family Caregiver Support Program investments is that vulnerable adults remain independent as indicated by the rate of unpaid caregivers who intend to place their loved one in a long-term care facility.

All materials and updates to the RFP are available on HSD's Funding Opportunities web page at www.seattle.gov/humanservices/funding/. If you have any questions about the Family Caregiver Support Program Request for Proposal, please contact:

Angela Miyamoto via email at Angela.Miyamoto@Seattle.Gov

II. Timeline

Funding Opportunity Released	Monday, January 26, 2015
*Information Session 1	Tuesday, February 3, 2015 9:00 a.m. - 12:00 p.m. Tukwila Community Center 12424 – 42 nd Ave S Tukwila, WA 98168
*Information Session 2	Wednesday, February 11, 2015 1:00 p.m. - 4:00 p.m. Bellevue Library 1111 110th Ave NE Bellevue, WA 98004
Last Day to Submit Questions	Tuesday, February 24, 2015 by 12:00 p.m.
Application Deadline	Wednesday, March 11, 2015 by 12:00 p.m.
Planned Award Notification	Thursday, April 30, 2015
Contract Start Date	Wednesday, July 1, 2015

*Please contact RFP coordinator for accommodation requests (Angela Miyamoto:
Angela.Miyamoto@Seattle.Gov)

HSD reserves the right to change any dates in the RFP timeline.

III. HSD Guiding Principles

In addition to the investment outcomes stated in this RFP, investments will reflect the Seattle Human Services Department's vision, mission and values and support the department's theory of change.

Vision

The vision of the Seattle Human Services Department is that all basic needs in our communities are met through innovative and collaborative approaches. Greater Seattle is a place where the richness of our diversity is valued, all of our communities thrive, and people grow up and grow old with opportunity and dignity.

Mission

The mission of the Seattle Human Services Department is to connect people with resources and solutions during times of need so we can all live, learn, work and take part in strong, healthy communities.

Values

We accomplish our mission by adhering to core values and funding programs whose work supports them:

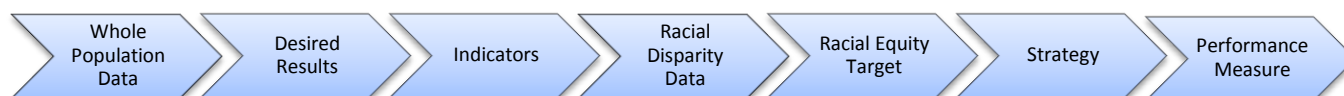
- **Vision** – we are future-focused, funding outcomes that create a stronger community.
- **Innovation** – we foster an environment where creativity and new approaches are valued, tested, refined and implemented.
- **Results** – we fund and administer programs that are accountable, cost-effective, and research-based, ensuring people receive high-quality services.
- **Equity** – our resources are devoted to addressing and eliminating racial, social, economic, and health disparities in our community.
- **Creative collaboration** – we share the collective wisdom of our colleagues and community to develop and implement programs.
- **Service** – we ensure the programs we support are accessible to all community members and deliver high-quality, welcoming customer service.

IV. Investment Area Background & Theory of Change

HSD has developed a strategy for results-based accountability and addressing disparities to ensure that the most critical human service needs are met by:

- **DEFINING** the desired results for the department's investments;
- **ALIGNING** the department's resources to the desired results; and
- **MONITORING** the result progress to ensure return on investment.

The results-based accountability "Outcomes Framework" helps HSD move from ideas to action to ensure that our work and investments are making a real difference in the lives of vulnerable people. HSD's **Theory of Change** ensures that data informs our investments – particularly around addressing disparities – and shows the logical link between the desired results, indicators of success, racial equity targets based on disparity data, strategies for achieving the desired results, and performance measures.



All investments resulting from this funding opportunity will demonstrate alignment with HSD's theory of change towards achieving the Aging and Disability Services division's goal and the desired results:

Goal: *Our community promotes healthy aging and lifestyle*

Results:

- Vulnerable adults have **affordable, quality healthcare**
- Vulnerable adults have their **basic needs met**
- Vulnerable adults **improve or maintain their health** (physical, social, emotional)
- Vulnerable adults **remain independent**

Family Caregiver Support Program Theory of Change

The theory of change describes the assumptions for how the desired results will be achieved through a set of specific activities which are measured by quantity, quality and impact performance measures.

Desired Result	Indicator	Racial Disparity Data	Racial Equity Target	Strategy	Performance Measure
Condition of wellbeing for entire population	Achievement benchmark – how we know the “result” was achieved	Data depicting socioeconomic disparities and disproportionality between ethnic/racial populations	Stretch goal for reducing and/or impacting the racial equity disparity	Activities or interventions that align to the results and indicators, and are informed by best or promising practices, cultural competency and community engagement – what HSD is purchasing	What gets counted, demonstration of how well a program, agency or service is doing (quantity, quality, impact)
Vulnerable adults remain independent.	Rate of unpaid caregivers who intend to place their loved one in a long-term care facility.	American Indian, Alaskan Native, and Hispanic/Latino adults are 2 times more likely and African, African American, and Black adults are 1.5 times more likely to be in fair to poor health than are Asian and white non-Hispanic adults.	American Indian, Alaskan Native, and Hispanic/Latino caregivers receive FCSP services at least twice the rates of Asian and white non-Hispanic adults and African, African American, and Black caregivers receive FCSP services at least 1.5 the rates of Asian and white non-Hispanic adults.	<ul style="list-style-type: none"> • TCARE® screening, assessment and consultation • Information and assistance • Culturally and linguistically appropriate counseling • Support groups • Skill training • Other activities including culturally appropriate, population-specific activities <p>Additional strategies not part of this RFP:</p> <ul style="list-style-type: none"> • Respite care <ul style="list-style-type: none"> ○ Out of home ○ In-home care • Supplemental services • Housekeeping & Errands 	<ul style="list-style-type: none"> • King County rate of TCARE® intention to place before and after one year of service • % of caregivers with lower stress as measured in TCARE® • # of caregivers receiving a TCARE® assessment and care plan • % caregivers referred to services • Provider survey for caregivers – stress reduction and better able to provide caregiving • TCARE® quality assurance process through monitoring and assessments

A. Overview of Investment Area

As our population ages and the needs of our community increases, informal caregivers play a major role in helping people remain living in their home environment. Informal caregivers comprise about 29% of the U.S. adult population¹ providing a service with an estimated economic value of \$450 billion per year.² Caregivers help care for their loved ones by assisting in chores, cooking, shopping, and taking them to medical appointments. Some people need more physical assistance requiring caregivers to bathe, transfer, and dress their loved ones.

These duties and responsibilities take a heavy toll on caregivers who experience chronic stress impacting their physical and emotional well-being. Caregivers report chronic conditions such as heart attack or heart disease, cancer, diabetes or arthritis at almost twice the rate of non-caregivers.³ Depression is one of the most common negative effects of caregiving.⁴

Caring for caregivers is crucial to optimize their health and wellbeing. The intent of the Family Caregiver Support Program (FCSP) is to provide information and support to unpaid caregivers and to postpone or prevent the need for more expensive forms of care for adults (care receivers) needing ongoing care or supervision.⁵ There are many services that may help caregivers but successful interventions are tailored to each caregiving experience.⁶

In 2009, Washington State implemented a caregiver assessment and referral tool called Tailored Caregiver Assessment and Referral (TCARE[®]) which tailors supports and services to unpaid caregivers unique needs.⁷ TCARE[®] is based on the caregiver identity theory developed by Rhonda Montgomery and Karl Kosloski that traditional roles change as a caregiver assumes more caregiving responsibilities. Accepting this role change from daughter/son, wife/husband to caregiver may be difficult for caregivers to accept, which influences their stress and burden.⁸ Because caregiving is an ever-evolving process, the type of supportive service that the caregiver needs also change. TCARE[®] identifies the most appropriate services throughout the caregiving journey. Caregivers that took part in the TCARE[®] process for at least 6 months reported improved levels of stress and depression.⁹

B. Overview of Service Delivery System

There are approximately 200,000 caregivers throughout King County. A review of population data revealed that there is no relationship between income and region of the county with caregiving. Caregivers are of different income levels and live all over King County. Also, the sample size was too small to infer the racial profile of caregivers¹⁰. ADS also conducted Community Engagement (CE) activities and reviewed population and program data.

¹ The National Alliance for Caregiving and AARP (2009), Caregiving in the U.S. National Alliance for Caregiving. Washington, DC.

² Reinhard, S. C., Houser, A., & Choula, R. (2011). Valuing the invaluable: 2011 update: The growing contributions and costs of family caregiving. AARP Public Policy Institute.

³ Ho, A., Collins, S., Davis, K. & Doty, M. (2005). *A Look at Working-Age Caregivers Roles, Health Concerns, and Need for Support* (Issue Brief). New York, NY: The Commonwealth Fund.

⁴ Schulz, R., & Sherwood, P. R. (September 02, 2008). Physical and Mental Health Effects of Family Caregiving. *American Journal of Nursing*, 108.

⁵ Washington State Family Caregiver Support Program (FCSP) Policies and Procedures.

⁶ Sundar, V., Fox, S. W., & Phillips, K. G. (2014). Transitions in caregiving: Evaluating a person-centered approach to supporting family caregivers in the community. *Journal of Gerontological Social Work*, 57, 750–765.

⁷ Washington State Department of Social and Health Services. Fact Sheet: Caregiver Screening, Assessment, and Planning Through the Family Caregiver Support Program. August 2009.

⁸ Montgomery, J.V. & Kosloski, K. (2009). Caregiving as a Process of Changing Identity: Implications for Caregiver Support. *Generations – Journal of the American Society on Aging*, 33 (1), 47-51.

⁹ Montgomery, J.V. Has the use of Tailored Caregiver Assessment and Referral System Impacted the Well-being of Caregivers in Washington? Report to the Washington Aging and Long-Term Support Administration. May, 2014.

¹⁰ Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012

Community Engagement

ADS Community Engagement (CE) activities included community conversations with clients at senior centers throughout the county; discussions with aging and disability service providers; key informant interviews with unpaid caregivers; and presentations to community stakeholders. CE activities also targeted ethnic/cultural/language groups including immigrant and refugee communities (Afghan, African-American, Bhutanese, Burmese, Cambodian, Chinese, Congolese, East Indian, Eritrean, Ethiopian, Filipino, Hmong, Iranian, Iraqi, Jewish, Japanese, Korean, Laotian, Latino, Native American, Oromo, Russian, Samoan, Somali, Tongan, Ukrainian, and Vietnamese), organizations and advocates for people with disabilities, and north, south and east King county. Agencies and organizations were informed of the process and consulted for their knowledge of needs and gaps in services and expertise in serving the focus population. Additionally, input was gathered through an online survey.

Themes that emerged from the CE activities include:

- The gamut of caregiver services is useful through the caregiving journey. Although caregiving counseling and education are the most indicated services according to TCARE® data, support groups and other supportive activities are also beneficial. Caregivers not connected with the current FCSP network feel that information about local programs or services, assistance accessing services, and breaks from caregiving (respite care) are the most beneficial.
- Caregivers do not identify with the FCSP, even if they received FCSP services. Caregivers establish relationships with staff at agencies and trust these staff to help them through the caregiving journey. This is particularly true for caregivers that experience linguistic and cultural barriers to access services.
- TCARE® is a required tool that helps build rapport and maintain a connection with caregivers.
- Caregivers not currently receiving services find information about caregiving from family/friends, health care providers, and the internet, but these methods do not encompass all caregivers' means of finding information. A comprehensive approach for outreach is needed to reach caregivers, help them identify as caregivers, and market caregiver services.

Population and Program Data

Although there are approximately 200,000 caregivers¹¹ (13% of the adult population in King County), only about 1,780 (<1%) were served through FCSP in 2013.

Region	King County adult 18+ population data ¹²	2013 FCSP program data
Seattle	34%	38%
East Region	25%	16%
North Region	6%	13%
South Region	34%	30%
Other or Unknown		3%

As stated above, no relationship can be established between the income level and region of the county in relation to caregiver status. In addition, the sample size of the caregiver population in King County was too small to infer the racial profile of caregivers.

C. Priority Populations

Priority communities for this funding are based on HSDs outcomes framework which is a results-based accountability system that ensures the services are targeted to address disparities in the population. Priority populations are also identified as stipulated in the federal Older American's Act language which is a primary funding source for the Family Caregiver Support Program.

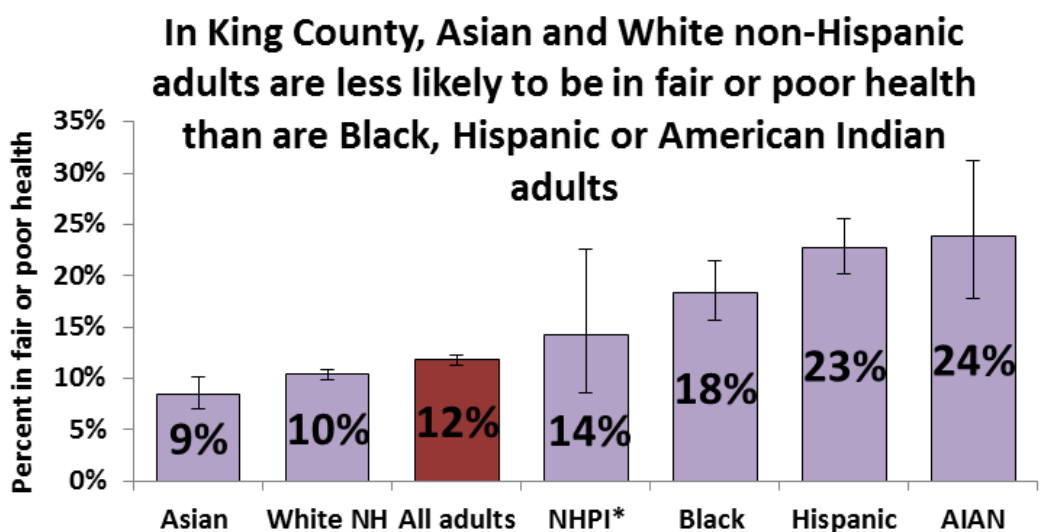
¹¹ WA State Office of Financial Management official population estimates, Population by Age 18+, 2012

¹² WA State Office of Financial Management official population estimates, Population by Age 18+, 2012

Priority communities for this funding include:

- Black/African/African-American caregivers
- Latino/Hispanic caregivers
- American Indian and Alaskan Native caregivers
- Older adult caregivers age 60+¹³:
 - Residing in rural areas
 - Greatest economic need (income at or below federal poverty guidelines)
 - Greatest social need:
 - Cultural, social, or geographic isolation, including isolation caused by racial, ethnic, and/or sexual orientation status
 - Limited English Proficiency
 - Severe disabilities
 - Dementia and related disorders
 - Risk for institutional placement
 - Providing care to individuals with severe disabilities

Asian and white non-Hispanic adults are significantly less likely to be in fair/poor health than are Black, Hispanic or American Indian and Alaska Native (AIAN) adults. Race/ethnic disparities in fair/poor health persist across the lifespan for King County residents. Maintaining the health status of caregivers is crucial in supporting them so they are able to care for their loved ones.



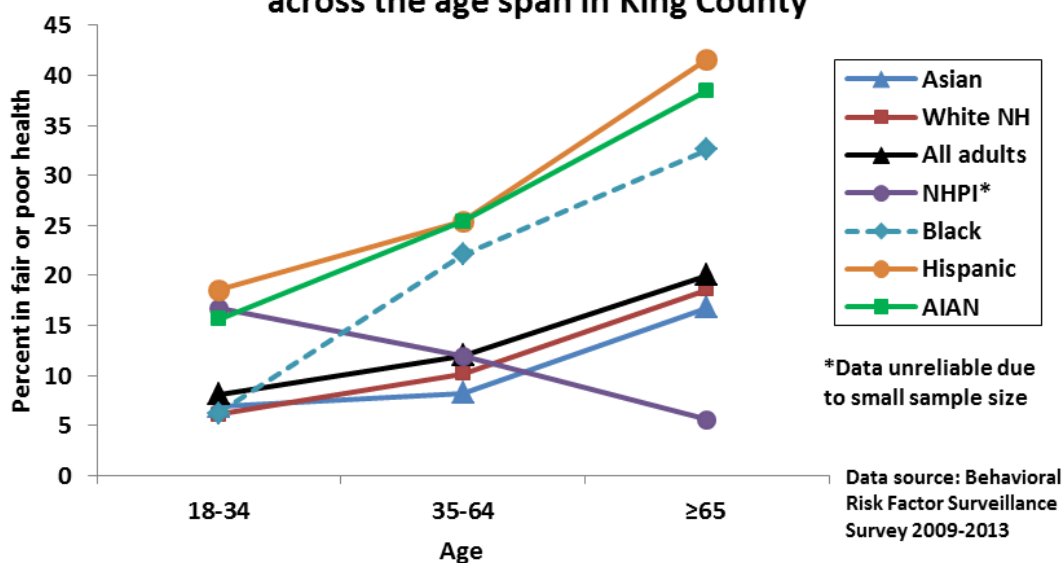
Data source: Behavioral Risk Factor Surveillance Survey 2004-2013

*NHPI (Native Hawaiian and Pacific Islander)

*Data unreliable due to small sample size

¹³ Aging and Long Term Support Administration. Policies and Procedures Manual, Ch. 1 pg. 15.

Race/ethnic disparities in fair/poor health persist across the age span in King County



*NHPI (Native Hawaiian and Pacific Islander)

D. Expected Investment Outcomes & Indicators

Annual performance measures may include the number of unpaid caregivers in TCARE® with intention to place loved ones in a long term care facility before and after one year of service, percentage of caregivers with lower stress as measured in TCARE®, number of caregivers receiving a TCARE® assessment and care plan, percentage of caregivers referred to services, reduction in stress and better able to provide care as indicated by caregiver surveys, and TCARE® quality assurance process through monitoring and assessments.

V. HSD's Commitment to Funding Culturally Responsive Services

In conjunction with the Seattle Race and Social Justice Initiative (RSJI) which is a citywide effort to end institutionalized racism and race-based inequities in Seattle, HSD has developed investment principles that reflect our commitment to funding culturally responsive services to create positive outcomes for service recipients. For more information on RSJI please see <http://www.seattle.gov/rsji/>. Agencies applying for investment will demonstrate the capacity to institute these principles through routine delivery of client-centered and strength-based services that are culturally:

1. **COMPETENT**, as demonstrated by “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or profession that enables that system, agency, or profession to work effectively in cross-cultural situations”.¹⁴ It is “the ability to honor, understand, and respect beliefs, lifestyles, attitudes, and behaviors demonstrated by diverse groups of people, and to diligently act on that understanding”.¹⁵ It is “the ability to function effectively in the midst of cultural differences. It includes knowledge of cultural differences, awareness of one’s own cultural values, and ability to consistently function with members of other cultural groups”.¹⁶

¹⁴ Cross, T., Bazron, B.J., Dennis, K. and Isaacs, M.R. (1989) *Towards a Culturally Competent System of Care (Vol. 1)*. Washington, DC: National Technical Assistance Center for Children’s Mental Health, pg. 121.

¹⁵ Coyne, C. (2001) “Cultural Competency: Reaching Out to All Populations”. PT Magazine, pgs. 44-50.

¹⁶ York, S. (2003) *Roots and Wings: Affirming Culture in Early Childhood Programs*. St. Paul, MN: Redleaf Press, pg. 161.

2. **RESPONSIVE** to the cultural and linguistic needs of diverse populations. Agencies have the capacity to effectively serve and engage persons of diverse backgrounds. Agencies commit to practicing cultural responsiveness throughout all levels of the program, including policy, governance, staffing, and service model and delivery. Agencies make every effort to recruit and retain a work force (paid and voluntary) and policy-setting and decision-making bodies that are reflective of the focus populations identified in the funding opportunity. For example, for those for whom English is not a primary language, agency staff will work to ensure that service recipients have access to culturally relevant interpreter services and/or written materials available in multiple languages.
3. **RELEVANT** in addressing the cultural needs of diverse populations whose models of engagement or cultural standards differ from mainstream practices. Agencies are staffed with people who have the cultural capacity to create authentic and effective relationships and provide culturally congruent services for members of specific cultural groups and/or communities of color. Commitment and experience of the agency reflects effective, mutually beneficial relationships with other organizations (such as grassroots or community-based organizations, churches, community networks, etc.) that are reflective of the populations being served via the investment.
4. **ACCESSIBLE** through language, location, and delivery style. Agencies have the capacity to overcome mainstream barriers and/or provide effective alternative strategies that enable service recipients to easily access mainstream and nontraditional programs and services.

VI. Program Requirements

A. Service/Program Model

The Family Caregiver Support Program (FCSP) is part of the King County Caregiver Support Network (KCCSN) which supports unpaid caregivers so they are able to continue caring for their loved one. Culturally and linguistically appropriate supports and services offered through FCSP include information and assistance, counseling, support groups, training/consultation, TCARE®, and emergency respite coordination. All FCSP providers perform outreach activities. Services also include respite for caregivers needing a break from caregiving duties, housework and errands and purchasing supplemental goods and services, but these activities are not included in this RFP.

FCSP agencies are expected to participate and collaborate with the Community Living Connection-Aging and Disability Resource Network system of providers. FCSP agencies will also participate in the KCCSN (For information about KCCSN <http://www.kccaregiver.org/>). This network convenes bi-monthly to share information on available caregiver support activities and facilitate relationship building so that caregivers can be referred between network agencies for needed services in a seamless manner. Through a coordinated network approach, the KCCSN will build upon existing resources, avoid duplication of services, and facilitate a seamless experience for the client. Due to the broad range of caregiver support needs across the caregiving continuum, a flexible package of services will be available to caregivers throughout King County. Services will be available over the phone, online, in the caregiver's home, or in a community location that is accessible to the caregiver. When providing services to clients from diverse backgrounds, such as the priority populations identified in Section IV, services will be provided in a culturally relevant manner.

The Family Caregiver Support Program (FCSP) helps unpaid caregivers through their caregiving experience. By providing support and services, caregivers are able to continue caring for their loved ones. The intent of the FCSP is to encourage individuals to provide unpaid care for adults with functional disabilities at home so they are able to live in the community.

B. Criteria for Eligible Clients

- An eligible client is an unpaid caregiver living in King County - spouse, partner, relative, or friend (age 18 and older) who is actively providing care to an adult (age 18 and older) with a functional disability.
- The caregiver may not receive financial compensation for providing care.
- The care receiver must not be receiving Medicaid-funded long term care services (eg, COPES, MPC, DDD waiver), live in a nursing facility or adult family home.

C. Expected Service Components

FCSP service components include information and assistance, counseling, support groups, training/consultation, TCARE®, and outreach. Agencies do not have to provide the entire suite of services but are expected to perform Information and Assistance, TCARE®, and outreach activities. ADS will contract with one agency to perform emergency respite coordination.

i. Information and Assistance

Accurate, timely and relevant information is provided to current or potential caregivers. It is a service that assists caregivers in locating, obtaining, and navigating services and resources available within their communities. To the maximum extent practicable, it ensures individuals receive the services needed by establishing adequate follow-up procedures. Advocacy may be performed if the caregiver is unable to obtain the service or perform the necessary task on their own. The service may be delivered over the phone, in-person, or via electronic communication.

ii. Counseling

Individual counseling provides emotional support, mental health intervention and improved coping skills for the caregiver. Counseling services are short term and solution-focused and may include, but are not limited to, identifying the caregiver's personal strengths and abilities, managing short- and long-term care decisions and planning, and developing strategies to better manage and cope with their caregiver role. The service will be provided by a professional holding one of the following Washington state licensures: Licensed Mental Health Counselor, Licensed Mental Health Counselor Associate, Licensed Independent Clinical Social Worker, Licensed Social Work Associate Independent Clinical, Licensed Social Work Associate Advanced. The service is provided in person.

iii. Support groups

Support groups rely on group process to assist caregivers in developing new competencies and coping strategies related to their caregiver experience. Support groups provide a setting for emotional support, information sharing, and/or skill development. They provide a vital opportunity to connect to the community and other caregivers. The service is provided in person or other means that meet the needs of the caregiver.

iv. Training/consultation

Training/consultation service is an individual or group session or series to help caregiver with coping and/or to build caregiving skills. Examples may include "Powerful Tools for Caregiving," "A Matter of Balance," and "Living Well with Chronic Conditions." Caregiver training/consultation also includes education on specific disease processes, workshops, mini-series, etc. on topics that support caregivers through their caregiving experience. The service is provided in person or other means that meet the needs of the caregiver.

v. TCARE®

Tailored Care Assessment and Referral (TCARE®) is the state mandated evidence-based on-line assessment and referral tool that is used to tailor the support and services that unpaid caregivers receive unique to their needs. It is a theory-driven protocol designed to measure a caregivers' burden

and stress and recommends supports and services to help the caregiver. It is comprised of distinct levels or “steps” including intake, screening, assessment, consultation and care plan. Caregivers are able to receive more supports and services as they move through each step of the TCARE® experience. During intake, basic demographic information on the caregiver and care receiver is collected to fulfill state/federal reporting requirements. The caregiver is then screened to identify stress and burden. Screening scores may indicate that caregivers would benefit from a full assessment where goals, strategies and services are personalized to the caregivers needs. Based on assessment results, a care plan is developed and agreed upon by the caregiver who will be referred to the most appropriate service(s) or community resources to support them in their role.

TCARE® assessors must be certified by Tailored CARE® Enterprises, LLC. It is not a requirement for new applicants to have staff who are TCARE® certified prior to application submission, but it is expected that staff will be certified within 3 months of contract execution. ADS will coordinate with the state FCSP program manager to help facilitate the certification process.

For more information about TCARE®: <http://www.altsa.dshs.wa.gov/stakeholders/TCARE®/>

vi. Outreach - Information Services

Outreach is an information sharing opportunity with individuals, initiated by an agency or an organization, for the purpose of identifying potential clients and encouraging their use of existing services. Outreach activities raise general awareness of caregiving issues, promote the Family Caregiver Support Program, and/or educate individuals to self-identify as being a caregiver. Examples include group presentations, dissemination of publications, and publicity/media campaigns. Outreach activities should target the faith-based community, under-represented, historically oppressed, or vulnerable populations (see priority population criteria in Section IV), health care providers, other social service agencies, and other groups or professional organizations.

vii. Emergency Respite Coordination

Caregivers may experience a crisis situation and need immediate help. Emergency respite services will address caregivers’ immediate needs and encourage caregivers to continue with other Family Caregiver Support Program Services. The agency selected to perform this service will work with respite providers to authorize and arrange for respite care for caregivers in a crisis situation. Agency will manage the emergency respite budget and administer up to \$46,000 in respite funds by authorizing services, verifying services are delivered, paying vendors, and reconciling the respite budget. Outreach to hospitals, medical clinics, rehab facilities, etc. will be performed. Caregivers needing ongoing services will be screened in TCARE®.

D. Description of Key Staff and Staffing Level

- There should be a sufficient number of qualified staff to effectively perform activities proposed. See Client Service Guidelines in the next section.
- See Attachment 3 for TCARE® assessor requirements.
- TCARE® certification is required to perform the full spectrum of TCARE® services. Agencies that are not currently providing TCARE® will be required to go through the certification process.

E. Deliverable Outcomes/Milestones

Service	Performance Measure/Deliverable
Information and Assistance	Number of caregivers, number of contacts, number of assists.
Counseling	Number of caregivers, number of sessions
Support groups	Number of caregivers, number of groups
Training/consultation	Number of caregivers, number of trainings, number of consultations
TCARE®	Number of caregivers, number of intakes, screenings, assessments, and care plans.

Outreach - Information Services	Number of activities, audience size
Coordination of emergency respite	Number of caregivers, number of TCARE® screens

Agencies must have the ability to collect and report client level data, including demographic information, with each service type and service unit. Reporting fields and attributes are subject to change per funding requirements.

Client Service Guidelines

- The expected active caseload is a minimum of 55 caregivers per 1 full time equivalent staff position (FTE).
- It is expected that each 1.0 FTE will complete a minimum of 36 TCARE® assessment and care plans per year.

F. Other Regulations Applicable to the Investment Area

- The primary purpose of this funding is to support direct service family caregiver support program staff. Non-direct service staff expenses may not exceed 30% of the total grant funds requested.
- Washington State Family Caregiver Support Program (FCSP) Policies and Procedures
- Respite Care Services: 74.41 RCW
- Respite Care Services: WAC 388-106-1200 through WAC 388-106-1230

VII. Agency Eligibility

Applications meeting the requirements of this RFP will be accepted from any legally constituted entities that meet the following conditions:

- Applicant must meet all licensing requirements that apply to its organization. Companies must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if they are required by the laws of those jurisdictions.
- The applicant must be incorporated as a private non-profit corporation in the State of Washington and must have been granted 501(C) (3) tax exempt status by the United States Internal Revenue Service, the applicant's 501(C) (3) status must be in good standing and must not have been revoked in the previous calendar year.
- The applicant must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from the City of Seattle to the provider.

VIII. Client Data and Program Reporting Requirements

Agencies must be able to collect and report client-level demographic and service data as stated in any resulting contract. Agencies must implement policies and procedures to ensure privacy and confidentiality of client records for both paper files and electronic databases. Agencies must adhere to state-mandated data security requirements, see Attachment 4.

Agencies must have the ability to submit reports electronically to ADS. Current data specifications are available on the ADS website (www.agingkingcounty.org; click "Service Providers" then "Reporting Requirements"). Data specifications may change per funding requirements.

IX. Contracting Requirements

- Any contract resulting from this RFP will be between the City of Seattle, through its Human Services Department, and the applicant agency (referred to as “Contractor” in this section).
- Contracts may be amended to ensure that services and outcomes align with the community needs or due to availability of funding.
- Contractors will be required to comply with the Terms and Conditions of the Human Services Department Master Agency Services Agreement (MASA). These requirements shall be included in any contract awarded as a result of the RFP and are not negotiable. A copy of the MASA is available at <http://www.seattle.gov/humanservices/funding/>.
- HSD will attach Exhibits and Attachments to all resulting contracts which will further specify program terms, rules, requirements, guidelines and procedures.
- Contractors will be required to maintain books, records, documents, and other evidence directly related to performance of the work in accordance with Generally Acceptable Accounting Procedures. The City of Seattle, or any of its duly authorized representatives, shall have access to such books, records and documents for inspection, audit, and copying for a period of seven (7) years after completion of work.
- Contractors must complete all required reports and billing documentation as stated herein and in any resulting contract. Reimbursement will be contingent upon receipt and approval of required reports. Additional data may be required for audit or evaluation purposes.
- All programs funded through this RFP must publicly recognize HSD’s contribution to the program.
- Contractors will maintain a commercial general liability insurance policy with a minimum limit of \$1,000,000, naming the City of Seattle as insured.
- Contractors must have the capacity to protect and maintain all confidential information gained by reason of any resulting contract against unauthorized use, access, disclosure, modification or loss.
- Contractors must be able to collect and report data as described in Section VIII.
- HSD accepts no responsibility or obligation to pay any costs incurred by any applicant agency in the preparation or submission of a proposal or application or in complying with any subsequent request by HSD for information or participation throughout the evaluation and selection process.

X. Selection Process

This RFP is competitive. All interested parties must submit a complete application packet by the deadline to be considered for funding. All completed applications turned in before the deadline that meet the minimum eligibility qualifications will be reviewed and individually scored by members of the review committee. The review committee will forward their funding recommendations to the HSD Director for final decision regarding the award(s). Notification of investment awards will be sent to the Executive Director of the applicant agency (or similar level agency management staff indicated on the Application Cover Sheet).

Applications not meeting submittal requirements or minimum eligibility qualifications will be deemed non-responsive and will be eliminated from further consideration. HSD reserves the right to identify, seek

clarification and accept or waive any nonmaterial irregularities or informalities in determining whether or not an application is responsive.

Applications will be rated based on the criteria for providing the required services outlined in the Guidelines and Application materials. HSD reserves the right to contact the primary contact person listed on the agency's completed Application Cover Sheet (Attachment 2) to clarify application contents. HSD also reserves the right to schedule and conduct interviews and/or site visits with applicants prior to forwarding funding recommendations to the HSD Director.

Due to the competitive nature of this RFP, beyond any scheduled information sessions offered by HSD, no individual technical assistance will be provided until the appeals process has closed. Applicants may not rely on oral communication from HSD staff at any information session, interview, site visit or otherwise and must review all written materials and addendums related to this RFP.

HSD reserves the right to make an award(s) without further discussion of the proposal submitted. Therefore, the application should be submitted on the most favorable terms. If the application is selected for funding, applicants should be prepared to accept the proposed terms for incorporation into a contract resulting from this RFP.

HSD also reserves all rights not expressly stated in the RFP, including making no awards or awarding partial funding and negotiating with any proposer regarding the funding amount and other terms of any contract resulting from this RFP.

XI. Appeal Process

An applicant is any legal entity that has responded to a formal funding process conducted by the City of Seattle Human Services Department in soliciting applications for the provision of defined services. Applicants have the right to protest or appeal certain decisions in the award process made by HSD.

The following outlines the opportunities for applicants to appeal a decision made by HSD at two distinct points in the funding process:

1. **Minimum Eligibility Screening Appeal Process:** This process is applicable to applicants notified by HSD that their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity, and therefore will not be reviewed for funding consideration.
2. **Post-Notice of Award Appeal Process:** This process is applicable to applicants notified by HSD of the final status of their application, as determined by the HSD Director, upon the conclusion of the review and rating process.

While the grounds for appeals and deadlines differ, both processes will follow the same appeal format and content requirements and decision process, except as otherwise stated herein.

Minimum Eligibility Screening Appeal Process

Grounds for Appeals:

This process applies only to applicants wishing to appeal a decision regarding failure to submit a complete application or failure to meet the minimum eligibility requirements outlined in the funding opportunity. An appeal will only be determined to have merit if the applicant proves that the application submitted did meet the minimum requirements, qualifications, formatting standards, and was complete, and that the initial determination of ineligibility was in error. No additional information or details not included in the original application will be considered.

Appeals Deadlines:

1. The Human Services Department will notify applicants in writing if their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity.
2. Within five (5) business days from the date of the written notification by HSD, the applicant may submit a written appeal to the HSD Director.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, an appeal may not prevent HSD from moving forward with the application review and rating process. HSD reserves the right to issue an interim contract for services to meet important client needs.

Post-Notice of Award Appeal Process

Grounds for Appeals:

Only an appeal alleging an issue concerning the following subjects shall be considered:

- A matter of bias, discrimination or conflict of interest.

- Violation of policies or failure to adhere to guidelines or published criteria and/or procedures established in a funding opportunity.

Appeals Deadlines:

1. The Human Services Department will notify all applicants in writing of the final status of their application. For awarded applications, if appropriate, the level of funding to be allocated will be stated.
2. Within ten (10) business days from the date of the written notification by HSD, the applicant may submit a written appeal to the HSD Director.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, HSD reserves the right to issue an interim contract for services to meet important client needs.

Appeal Format and Content:

A notice to HSD staff that an applicant intends to appeal does not reserve the right to an appeal. The applicant must file an appeal within the required deadline and follow the proper format. A casual inquiry, complaint or an appeal that does not provide the facts and issues, and/or does not comply with the form, content or deadline herein, will not be considered by the Department or acted upon as an appeal.

All appeals shall be in writing and state that the applicant is submitting a formal appeal. Deliveries by hand, mail or email are acceptable methods. HSD is not responsible for ensuring that an appeal is received within the appeal deadlines. If HSD does not receive the appeal by the deadline, the protest will be rejected.

Appeals must be addressed to:

John Okamoto, HSD Interim Director
Seattle Human Services Department
700 5th Avenue, Suite 5800
P.O. Box 34215
Seattle, WA 98124-4125

Email: John.Okamoto@seattle.gov

Include the following information and any additional information you would like considered in the appeal. Failure to provide the following information can result in rejection of the appeal if the materials are not sufficient for HSD to adequately consider the nature of the appeal:

1. Agency name, mailing address, phone number and name of individual responsible for submission of the appeal;
2. Specify the funding opportunity title;
3. State the specific action or decision you are appealing;
4. Indicate the basis for the appeal including specific facts;
5. Indicate what relief or corrective action you believe HSD should make;
6. Demonstrate that you made every reasonable effort within the funding process schedule to resolve the issue, including asking questions, attending information sessions, seeking clarification and otherwise alerting HSD to any perceived problems; and
7. Signed by the Agency's Executive Director or similar level agency management staff.

Appeals Process:

Within two (2) business days of receiving an appeal according to the appeals submission process outlined herein, the applicant will receive a receipt from the HSD Director's Office notifying the applicant of the date, time and method by which the appeal was received. If the applicant does not receive a receipt within two business days, it should be assumed that HSD did not receive the appeal and it will therefore not be considered.

The HSD Director will review the appeal. All available facts will be considered and the HSD Director shall issue a final decision. This decision shall be delivered in writing by email or mailed letter to the individual making the appeal and the Agency's Executive Director or similar level agency management staff who signed the appeal.

Each written determination of the appeal shall specify whether the HSD Director:

1. Finds the appeal lacking in merit and upholds the City action; or
2. Finds only immaterial or harmless errors in HSD's funding process and therefore rejects the appeal; or
3. Finds merit in the appeal and:
 - a. **For the Minimum Eligibility Screening Appeal Process:** proceeds with inclusion of the original application, as submitted, in the application review and rating process. (This does not guarantee an award from the funding process, but rather allows the originally rejected application to re-enter the evaluation process for funding consideration.)
 - b. **For the Post-Notice of Award Appeal Process:** states the appropriate action, which may include but is not limited to rejecting all intended awardees or re-tabulating scores.

If HSD finds an appeal without merit, HSD may continue with the funding process (contract execution). Even if the appeal is determined to have merit, HSD may issue an interim contract for services to meet important client needs. Nothing herein shall diminish the authority of HSD to enter into a contract, whether an appeal action or intention to appeal has been issued or otherwise.



**City of Seattle
Human Services Department**

**2015
Family Caregiver Support Program
Request for Proposal**

APPLICATION

Instructions and Materials

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2015 Family Caregiver Support Program RFP. The RFP Guidelines is a separate document that outlines the RFP award process and provides more details on the service and funding requirements.

I. Submission Instructions & Deadline

Completed application packets are due by 12:00 p.m. on Wednesday, March 11, 2015.

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 12:00 p.m. deadline. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this RFP will not be accepted or reviewed for funding consideration.*

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD's Online Submission System, it is advisable to upload application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

- Electronic Submittal: Application packets may be submitted electronically via HSD's Online Submission System at <http://web1.seattle.gov/hsd/rfi/index.aspx>.
- Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department
RFP Response – Family Caregiver Support Program
Attn: Angela Miyamoto

Delivery Address
700 5th Ave., 58th Floor
Seattle, WA 98104-5017

Mailing Address
P.O. Box 34215
Seattle, WA 98124-4215

II. Format Instructions

- A. Applications will be rated only on the information requested and outlined for this RFP. Do not include a cover letter or brochures. Applications that do not follow the required format will be deemed unresponsive and will **not** be rated.
- B. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 12-point font.
- C. The narrative section may not exceed a total of 12 pages. None of the required attachments and supporting documentation count toward this page limit.
- D. Organize your application according to the section headings that follow. For the narrative sections, please include section titles and subheadings for each question. You do not need to rewrite the questions for specific elements of each question.

III. Proposal Narrative & Rating Criteria

Write a narrative to sections A – E. Answer each section completely according to the questions. Do not exceed a total of 12 pages for section A – E combined.

NARRATIVE QUESTIONS

A. PROGRAM DESIGN DESCRIPTION (30 points)

1. Describe your program and outline service components in your program. Complete the Summary of Proposed Deliverables and Populations Served (Attachment 6: this does not count toward the 12-page narrative limit).
 - Describe the activities provided under each component you are applying for. Include the number of caregivers you will serve.
 - Include when and where (locations, times, days of week, etc.) services will be delivered and by whom.
 - Identify which of these services will be new or expanded from what your agency currently provides.
2. Describe your current outreach activities and how your agency has been successful in engaging new caregivers.
3. Describe the client population(s) to be served.
 - Describe your focus population and any priority populations listed in Guidelines Section IV
 - Describe the characteristics of these populations such as geographic region, income, age, race, ethnicity, language, and other defining attributes.
 - Provide data on the number of caregivers your program served in 2014 (calendar year) including geographic region, income, age, race, ethnicity, language, and other defining attributes.
 - Identify the number of unduplicated individuals you propose to serve on an annual basis. Describe any significant changes in the demographic characteristics of caregivers projected to be served in 2015 (including those listed in the priority population criteria (see Guidelines Section IV).
4. Describe how you will solicit and incorporate input from the community into your program and ongoing services. Describe past experiences in program improvement strategies, for example, surveys, focus groups, lessons learned, etc.

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant presents a thorough description of the program that includes an understanding of the service component and evidence of likely success in providing quality services.
- Applicant demonstrates an ability to build upon existing service delivery systems.

- Applicant has qualified staff to deliver the program as described.
- Applicant demonstrates an ability to comply with program requirements.
- Applicant presents a thorough description of outreach activities and success in engaging new caregivers.
- Applicant clearly defines the focus populations, and includes the appropriate priority populations.
- The program description shows a strong connection with the focus population and an understanding of their strengths, unique needs, and concerns.
- Applicant clearly defines the focus population and includes appropriate priority populations.
- Applicant demonstrates ability to improve program and services based on client feedback.

B. CAPACITY AND EXPERIENCE (30 points)

1. Describe your agency's success providing Caregiver Support services or comparable services. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline. Note, it may take up to 2-3 months for staff to be certified by the state to perform TCARE® activities. Please take this into consideration in designing your timeline. Timelines attached to the application do not count towards the 12 page narrative limit
2. Include your agency's ability to address changes in funding and staffing, changing needs in the community, and developing and/or maintaining board or leadership support.
3. Provide a list of and a brief job description for all key personnel who will have a significant role in program coordination and service delivery. Complete the Proposed Personnel Detail Budget (Attachment 8; this does not count toward the 12 page narrative limit).
4. Describe your plan for staff recruitment, training, supervision and retention for the proposed program.
5. Describe your agency's experience with data management – collecting, storing, and analyzing client information and program activities. What is your technical capacity for tracking client information, producing reports, and ability to troubleshoot issues related to web-based data systems (connectivity, browser compatibility, etc.)?
6. Describe your agency's financial management system. How do you establish and maintain general accounting principles, sound accounting systems, and internal controls? Entities without such capabilities may wish to have an established agency act as fiscal agent. For agencies applying for the emergency respite component, describe your experience administering similar funds.
7. Describe your agency's financial position, outlook for sustainability, and capability to meet program expenses in advance of reimbursement.

Rating Criteria – A strong application meets all of the criteria listed below.

- The program description demonstrates the applicant's experience in delivering the service, OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service.
- Applicant demonstrates successful experience adapting to changes in funds and community needs.
- Applicant's leadership is likely to provide strong ongoing support for the service proposed.
- Applicant's staff matches the levels needed to run the program as described.
- Applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described.
- Applicant demonstrates an understanding of and capacity for data management.
- Applicant demonstrates capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds.
- Emergency respite coordination applicants demonstrate experience and ability to manage service funds including authorizations, verification, payment, and reconciliation.
- Applicant demonstrates a financially viable agency and capability to meet program expenses in advance of reimbursement.

C. PARTNERSHIPS AND COLLABORATION (15 points)

1. Describe how the proposed project will collaborate with other agencies/programs to deliver services. What are the benefits of this effort clients? Please identify any areas that will consolidate the provision of services across agencies.
2. If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. Explain the roles and responsibilities of the various partners. Please provide signed letters of collaboration from any partner describing partnership. Letters of collaboration will not be counted toward the maximum page limit.
3. Describe how you will refer caregivers to other caregiver support programs and agencies in the Community Living Connections – Aging and Disability Resource Network (CLC-ADRN) in a proactive, seamless, client-friendly manner.

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to clients.
- Applicant submits signed letters of collaboration from partners that describe partnership.
- Applicant describes how caregivers will be referred to other programs and agencies in a proactive, seamless, client-friendly manner.

D. EQUITY, CULTURAL RESPONSIVENESS, AND SOCIAL JUSTICE (15 points)

1. Describe your experience providing services to people who have been historically oppressed by systemic discrimination, including racial and ethnic minorities, immigrants and refugees, low-income populations, English language learners, LGBTQ, disabled and other priority communities (see Guidelines Section IV). If experience is limited, what steps will you take to provide culturally competent and responsive services?
2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from the populations listed above?
3. Describe how the agency board of directors, staff and volunteers represent the cultural, ethnic, linguistic and socio-economic background of clients.
4. Describe your program's strategy for ensuring that under-served, cultural, ethnic and linguistic groups receive culturally competent and responsive services as evidenced by your policies, procedures and practices.
5. What trainings does your agency require to support staff in providing culturally competent and responsive services to populations listed in question 1?

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant demonstrates the ability to provide culturally competent and responsive services to priority communities and shows understanding of the challenges by providing concrete examples OR the applicant presents clear steps for providing culturally competent and responsive services.
- Applicant's board of director's composition reflects the cultural, linguistic and socio-economic background of program clients.
- Applicant's staff composition reflects the cultural, linguistic and socio-economic background of program clients.
- Applicant's policies and procedures demonstrate an understanding and appreciation for cultural, ethnic and linguistic groups who represent the communities listed in question 1.
- Applicant has demonstrated a commitment to ongoing training and development within the agency to support staff to provide appropriate services to priority communities. For example, addressing the needs of an immigrant group and committing time to learning strategies to better serve these populations.

E. BUDGET AND LEVERAGING (10 points)

1. Complete the Proposed Program Budget and Personnel Detail (Attachments 7-8; this does not count toward the 12-page narrative limit). The costs reflected in this budget should be for the service area only, not your total agency operating budget.
2. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program.
3. Describe your agency's indirect costs (personnel and other expenses) that will be charged to this program. Does your agency have a federally approved rate? HSD policy places a 15% cap on reimbursement for agency indirect costs based on the total contract budget.

Rating Criteria – A strong application meets all of the criteria listed below.

- Costs are reasonable and appropriate given the nature of the service, the focus population, the proposed level of service, and the proposed outcomes.
- The applicant identifies other funds to be used with any funds awarded from this RFP for providing the services described in the proposal, and provides evidence that these funds are sustainable. Non-direct service staff expenses may not exceed 30% of the total grant funds requested. See Guidelines Section VI, letter F, "Other Regulations Applicable to the Investment Area".
- The proposed program is cost effective given the type, quantity, and quality of services.
- Personnel and other expenses included in the indirect cost rate are clearly described and are reasonable.

Total = 100 points

IV. Application Checklist

A completed application packet must include all of the following items:

1. A completed and signed one-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Summary of Proposed Deliverables and Populations Served Worksheet (Attachment 6).
4. A completed Proposed Program Budget (Attachment 7).
5. A completed Proposed Personnel Detail Budget (Attachment 8).
6. A copy of your agency's most recent financial audit.
 - a. If your agency does not have a recent financial audit, provide a copy of your most recent IRS Form 990.
7. A copy of your agency's financial statement from the last fiscal year, certified by your agency's Chief Financial Officer (CFO) or financial manager.
8. A current certificate of nonprofit status. Your agency must have a federal tax identification number/employer identification number.
9. A current certificate of commercial general liability insurance.
10. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
11. Roster of your agency's current Board of Directors.
12. Minutes from your agency's last four Board of Directors meetings.
13. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
14. If you are proposing a significant collaboration with another agency, attach a signed letter of intent from that agency's Director or other authorized representative.

An incomplete application packet will be deemed unresponsive and will **not** be rated.

V. List of Attachments & Related Materials

Attachment 1:	Application Checklist
Attachment 2:	Application Cover Sheet*
Attachment 3:	TCARE® Assessor Staff Requirements
Attachment 4:	Data Security Requirements
Attachment 5:	Instructions and Sample Summary of Proposed Deliverables and Demographic Profile
Attachment 6:	Summary of Proposed Deliverables and Populations Served Worksheet*
Attachment 7:	Proposed Program Budget*
Attachment 8:	Proposed Personnel Detail Budget*

*completed versions of these forms must be submitted with the application

Related Materials:

- Information about the King County Caregiver Support Network
<http://www.kccaregiver.org/>
- Information about TCARE®
[http://www.altsa.dshs.wa.gov/stakeholders/TCARE® /](http://www.altsa.dshs.wa.gov/stakeholders/TCARE®/)

2015 Family Caregiver Support Program Request for Proposal Application Checklist

This optional checklist is to help you complete your application packet prior to submission. Please do not submit this form with your application.

HAVE YOU....

- ☐ **Completed and signed the 1-page Application Cover Sheet (Attachment 2)?***
- ☐ **Completed the Narrative response?**
 - Must not exceed 12 pages (8 ½ x 11), single spaced, double-sided, size 12 font, with 1 inch margins.
 - Page count does not include the required forms (Attachments 2, 6, 7 and 8) and supporting documents.
 - A completed narrative response addresses all of the following:
 - ☐ Program Design Description (30%)
 - *There should be a separate section for each service component you have selected. To avoid repeating yourself, it is acceptable to refer to a previous service component where appropriate (e.g. "same as previous component").*
 - ☐ Capacity and Experience (30%)
 - ☐ Partnership and Collaboration (15%)
 - ☐ Equity, Cultural Responsiveness, and Social Justice (15%)
 - ☐ Budget and Leveraging (10%)
- ☐ **Completed Summary of Proposed Deliverables and Populations Served Worksheet (Attachment 6)***
- ☐ **Completed the Proposed Program Budget (Attachment 7)***
- ☐ **Completed the Proposed Personnel Detail Budget (Attachment 8)***
- ☐ **Attached the following supporting documents?***
 - ☐ A copy of your agency's most recent financial audit (or Form 990 or tax return, per Section IV)
 - ☐ A copy of your agency's financial statement from the last fiscal year, certified by your agency's CFO or financial manager
 - ☐ A current certificate of nonprofit status
 - ☐ A current certificate of commercial general liability insurance
 - ☐ If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?
 - ☐ Roster of your current Board of Directors
 - ☐ Minutes from your agency's last four Board of Directors meetings
- ☐ **If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning July 1, 2015?***
- ☐ **If you are proposing a significant collaboration with another agency, have you attached a signed letter of intent from that agency's Director or other authorized representative?***

**These documents do not count against the 12 page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on March 11, 2015**. Application packets received after this deadline will not be considered. See Section I for submission instructions.



**City of Seattle
Human Services Department**

**2015 Family Caregiver Support Program Request for Proposal
Application Cover Sheet**

1. Applicant Agency:			
2. Agency Executive Director:			
3. Agency Primary Contact			
Name:		Title:	
Address:			
Email:			
Phone #:			
4. Organization Type			
<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Public Agency <input type="checkbox"/> Other (Specify):			
5. Federal Tax ID or EIN:		6. DUNS Number:	
7. WA Business License Number:			
8. Proposed Program Name:			
9. Funding Amount Requested:			
10. # of clients to be served:			
11. Which service components is your agency applying for? Check all that apply.			
*Information and Assistance	X	Training/Consultation	
Counseling		*TCARE®	X
Support Groups		Emergency Respite Coordination	
*Outreach	X	*Required service components	
Authorized signature of applicant/lead agency <i>To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.</i> Name and Title of Authorized Representative: _____ Signature of Authorized Representative: _____ Date: _____			

**2015 Family Caregiver Support Program Request for Proposal
TCARE® Assessor Staff Requirements**

Minimum Qualifications:

1. A Master's degree in behavioral or health sciences and one year of paid on-the-job social service experience; **or**
2. A Bachelor's degree in behavioral or health sciences and two years of paid on-the-job social service experience; **or**
3. A Bachelor's degree and four years of paid on-the-job social service experience.

Or

1. A minimum of three years social services experience involving interviewing, counseling, or crisis intervention, and a Bachelor's degree in Social Services, Psychology or a related field (or a combination of education and/or training and/or work experience which provides the ability to perform the work of the class); **and**
2. A letter submitted to Aging and Disability Services explaining the circumstances and how the staff meets requirements. ADS will forward the request to the appropriate officials for consideration and waiver approval.

Besides the education and experience piece, all assessors must complete a minimum of 5 assessments in a year and participate in one, two-hour webinar to maintain certified as a TCARE® Assessor. The time period for when the 5 assessments are to be completed starts October 1st of each year which coincides with Aging and Long Term Support Administration's (AL TSA's) annual contract renewal date with Tailored Care, Inc.

2015 Family Caregiver Support Program RFP Data Security Requirements

1. **Data Transport.** When transporting DSHS/ADS Confidential Information electronically, including via email, the data will be protected by:
 - a. Transporting the data within the (State Governmental Network) SGN or contractor's internal network, or;
 - b. Encrypting any data that will be in transit outside the SGN or contractor's internal network. This includes transit over the public Internet.

2. **Protection of Data.** The contractor agrees to store data on one or more of the following media and protect the data as described:
 - a. **Hard disk drives.** Data stored on local workstation hard disks. Access to the data will be restricted to authorized users by requiring logon to the local workstation using a unique user ID and complex password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards.
 - b. **Network server disks.** Data stored on hard disks mounted on network servers and made available through shared folders. Access to the data will be restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network using a unique user ID and complex password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on disks mounted to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism. For DSHS/ADS confidential data stored on these disks, deleting unneeded data is sufficient as long as the disks remain in a secured area and otherwise meets the requirements listed in the above paragraph. Destruction of the data as outlined in Section 4. Data Disposition may be deferred until the disks are retired, replaced, or otherwise taken out of the secure environment.
 - c. **Optical discs (CDs or DVDs) in local workstation optical disc drives.** Data provided by DSHS/ADS on optical discs which will be used in local workstation optical disc drives and which will not be transported out of a secure area. When not in use for the contracted purpose, such discs must be locked in a drawer, cabinet or other container to which only authorized users have the key, combination or mechanism required to access the contents of the container. Workstations which access DSHS/ADS data on optical discs must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
 - d. **Optical discs (CDs or DVDs) in drives or jukeboxes attached to servers.** Data provided by DSHS/ADS on optical discs which will be attached to network servers and which will not be transported out of a secure area. Access to data on these discs will be restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network using a unique user ID and complex password or other authentication mechanisms which provide equal or greater security, such as biometrics or smart cards. Data on discs attached to such servers must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
 - e. **Paper documents.** Any paper records must be protected by storing the records in a secure area which is only accessible to authorized personnel. When not in use, such records must be stored in a locked container, such as a file cabinet, locking drawer, or safe, to which only authorized persons have access.

- f. **Access via remote terminal/workstation over the State Governmental Network (SGN).** Data accessed and used interactively over the SGN. Access to the data will be controlled by DSHS/ADS staff who will issue authentication credentials (e.g. a unique user ID and complex password) to authorized contractor staff. Contractor will notify DSHS/ADS staff immediately whenever an authorized person in possession of such credentials is terminated or otherwise leaves the employ of the contractor, and whenever a user's duties change such that the user no longer requires access to perform work for this contract.
- g. **Access via remote terminal/workstation over the Internet through Secure Access Washington.** Data accessed and used interactively over the SGN. Access to the data will be controlled by DSHS/ADS staff who will issue authentication credentials (e.g. a unique user ID and complex password) to authorized contractor staff. Contractor will notify DSHS/ADS staff immediately whenever an authorized person in possession of such credentials is terminated or otherwise leaves the employ of the contractor and whenever a user's duties change such that the user no longer requires access to perform work for this contract.
- h. **Data storage on portable devices or media.**
 - (1) DSHS/ADS data shall not be stored by the Contractor on portable devices or media unless specifically authorized within the Special Terms and Conditions of the contract. If so authorized, the data shall be given the following protections:
 - (a) Encrypt the data with a key length of at least 128 bits
 - (b) Control access to devices with a unique user ID and password or stronger authentication method such as a physical token or biometrics.
 - (c) Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.

Physically protect the portable device(s) and/or media by:

- (d) Keeping them in locked storage when not in use
- (e) Using check-in/check-out procedures when they are shared, and
- (f) Taking frequent inventories
- (2) When being transported outside of a secure area, portable devices and media with confidential DSHS/ADS data must be under the physical control of contractor staff with authorization to access the data.
- (3) Portable devices include, but are not limited to; handhelds/PDAs, Ultramobile PCs, flash memory devices (e.g. USB flash drives, personal media players), portable hard disks, and laptop/notebook computers if those computers may be transported outside of a secure area.
- (4) Portable media includes, but is not limited to; optical media (e.g. CDs, DVDs), magnetic media (e.g. floppy disks, tape, Zip or Jaz disks), or flash media (e.g. CompactFlash, SD, MMC).

3. **Data Segregation.**

- a. DSHS/ADS data must be segregated or otherwise distinguishable from non-DSHS/ADS data. This is to ensure that when no longer needed by the contractor, all DSHS/ADS data can be identified for return or destruction. It also aids in determining whether DSHS/ADS data has or may have been compromised in the event of a security breach.
- b. DSHS/ADS data will be kept on media (e.g. hard disk, optical disc, tape, etc.) which will contain no non-DSHS/ADS data. Or,
- c. DSHS/ADS data will be stored in a logical container on electronic media, such as a partition or folder dedicated to DSHS/ADS data. Or,
- d. DSHS/ADS data will be stored in a database which will contain no non-DSHS/ADS data. Or,

- e. DSHS/ADS data will be stored within a database and will be distinguishable from non-DSHS/ADS data by the value of a specific field or fields within database records. Or,
- f. When stored as physical paper documents, DSHS/ADS data will be physically segregated from non-DSHS/ADS data in a drawer, folder, or other container.
- g. When it is not feasible or practical to segregate DSHS/ADS data from non-DSHS/ADS data, then both the DSHS/ADS data and the non-DSHS/ADS data with which it is commingled must be protected as described in this exhibit.

4. **Data Disposition.** When the contracted work has been completed or when no longer needed, except as noted in 2.b, data shall be returned to DSHS/ADS or destroyed in accordance with DSHS/ADS IT Security Policy. Media on which data may be stored and associated acceptable methods of destruction are as follows:

Data stored on:	Will be destroyed by:
Server or workstation hard disks	Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data Degaussing sufficiently to ensure that the data cannot be reconstructed, or Physically destroying the disk
Paper documents with sensitive or confidential data	Recycling through a contracted firm provided the contract with the recycler assures that the confidentiality of data will be protected.
Paper documents containing confidential information requiring special handling (e.g. protected health information)	On-site shredding, pulping, or incineration.
Optical discs (e.g. CDs or DVDs)	Incineration, shredding, or completely defacing the readable surface with a coarse abrasive
Magnetic tape	Degaussing, incinerating or crosscut shredding
Removable media (e.g. floppies, USB flash drives, portable hard disks, Zip or similar disks)	Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data Physically destroying the disk Degaussing magnetic media sufficiently to ensure that the data cannot be reconstructed

5. **Notification of Compromise or Potential Compromise.** The compromise or potential compromise of DSHS/ADS shared data must be reported to the DSHS/ADS Contact designated on the contract within one (1) business day of discovery.
6. **Data shared with Sub-contractors.** If DSHS/ADS data provided under this contract is to be shared with a sub-contractor, the contract with the sub-contractor must include all of the data security provisions within this contract and within any amendments, attachments, or exhibits within this contract. If the contractor cannot protect the data as articulated within this contract, then the contract with the sub-contractor must be submitted to the DSHS/ADS Contact specified for this contract for review and approval.

2015 Family Caregiver Support Program RFP
Instructions and Sample Summary of Proposed Deliverables and Demographic Profile

Please complete the worksheet summarizing proposed deliverables and populations served.

Proposed Deliverables: For each service component your agency is applying for, please list the number of caregivers to be served and performance measures that will be achieved from 7/1/15 - 6/30/16 (see Guidelines Section VI, letter C “Expected Service Components” for service component descriptions).

Service	Performance measure/deliverable
*Information& Assistance	Number of information contacts, number of assists
Counseling	Number of sessions
Support Groups	Number of groups
Training/Consultation	Number of trainings, number of consultations
*TCARE®	Number of intakes, screenings, assessments, and care plans
*Outreach	Number of activities, audience size
Coordination of emergency respite	Number of caregivers, number of TCARE® screens

*Required service component for all applicants

Example

Proposed Service Component	# of Unduplicated Caregivers/Contacts	# of Performance Measures/Deliverables
<i>Examples:</i> <i>Counseling</i>	<i>50 Caregivers</i>	<i>450 Sessions</i>
<i>Outreach</i>	<i>20 Activities</i>	<i>500 caregivers</i>

Populations Served: Please provide information regarding the demographics of the caregivers your program will serve.

Example

TOTAL NUMBER OF UNDUPLICATED Caregivers: <u>100</u>	% of Caregivers Served
Age:	
18-59	5%
60 and Over	95%
Geographic Region:	
North/Seattle	80%
East	-
South	20%

Priority Populations:	
Black/African/African-American caregivers	-
Latino/Hispanic caregivers	50%
American Indian and Alaskan Native caregivers	-
Older adults who are:	
Residing in rural areas	10%
Greatest economic need (income at or below federal poverty guidelines)	-
Greatest social need:	
Cultural, social, or geographic isolation, including isolation caused by racial, ethnic, and/or sexual orientation status (please specify): Hispanic/Latino or Chinese caregivers	100%
Limited English Proficient (please specify): Spanish-speaking or Chinese-speaking caregivers	100%
Severe disabilities (please specify)	-
Dementia and related disorders	-
Risk for institutional placement	-
Providing care to individuals with severe disabilities	-
Non Priority Population	-
Other (please specify):	-

2015 Family Caregiver Support Program RFP
Summary of Proposed Deliverables and Populations Served Worksheet

Proposed Deliverables: For each service component your agency is applying for, please list the number of caregivers to be served and performance measures that will be achieved from 7/1/15 - 6/30/16 (see Guidelines Section VI, letter C “Expected Service Components” for service component descriptions).

Service	Performance measure/deliverable
*Information& Assistance	Number of information contacts, number of assists
Counseling	Number of sessions
Support Groups	Number of groups
Training/Consultation	Number of trainings, number of consultations
*TCARE®	Number of intakes, screenings, assessments, and care plans
*Outreach	Number of activities, audience size
Coordination of emergency respite	Number of caregivers, number of TCARE® screens

*Required service component for all applicants

Proposed Service Component	# of Unduplicated Caregivers/ Contacts	# of Performance Measures/Deliverables

Populations Served: Please provide information regarding the demographics of the caregivers your program will serve.

TOTAL NUMBER OF UNDUPLICATED Caregivers: _____	% of Caregivers Served
Age:	
18-59	%
60 and Over	%
Geographic Region:	
North/Seattle	%
East	%
South	%
Priority Populations	
Black/African/African-American caregivers	%

Latino/Hispanic caregivers	%
American Indian and Alaskan Native caregivers	%
Older adults who are:	
Residing in rural areas	%
Greatest economic need (income at or below federal poverty guidelines)	%
Greatest social need:	
Limited English Proficient (please specify):	%
Cultural, social, or geographic isolation, including isolation caused by racial, ethnic, and/or sexual orientation status (please specify):	%
Severe disabilities (please specify)	%
Dementia and related disorders	%
Risk for institutional placement	%
Providing care to individuals with severe disabilities	%
Non Priority Population	
Other (please specify):	%

2015 Family Caregiver Support Program Request for Proposal
Proposed Program Budget
July 1, 2015 – June 30, 2016

Applicant Agency Name:	
Proposed Program Name:	

Item	Amount by Fund Source				Total Project
	Requested HSD Funding	Other ¹	Other ¹	Other ¹	
1000 – PERSONNEL SERVICES					
1110 Salaries (Full- & Part-Time)					
1300 Fringe Benefits					
SUBTOTAL – PERSONNEL SERVICES					
2000 – SUPPLIES					
2100 Office Supplies					
2200 Operating Supplies ²					
2300 Repairs & Maintenance Supplies					
SUBTOTAL - SUPPLIES					
3000-4000 – OTHER SERVICES & CHARGES					
3100 Expert & Consultant Services					
3140 Contractual Employment					
3150 Data Processing					
3190 Other Professional Services ³					
3210 Telephone					
3220 Postage					
3300 Automobile Expenses					
3310 Convention & Travel					
3400 Advertising					
3500 Printing & Duplicating					
3600 Insurance					
3700 Public Utility Services					
3800 Repairs & Maintenance					
3900 Rentals – Buildings					
Rentals – Equipment					
4210 Education Expense					
4290 Other Miscellaneous Expenses ⁴					
4999 Administrative Costs/Indirect Costs ⁵					
SUBTOTAL – OTHER SERVICES & CHARGES					
TOTAL EXPENDITURES					

¹ Identify specific funding sources included under the "Other" column(s) above:

	\$
	\$
	\$
	\$
Total	\$

² Operating Supplies – Itemize below (Do Not Include Office Supplies):

	\$
	\$
	\$
	\$
Total	\$

³ Other Professional Services – Itemize below:	
	\$
	\$
	\$
	\$
Total	\$

⁴ Other Miscellaneous Expenses – Itemize below:	
	\$
	\$
	\$
	\$
Total	\$

⁵ Administrative Costs/Indirect Costs – Itemize below:	
	\$
	\$
	\$
	\$
Total	\$

⁵ Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

Does the agency have a federally approved rate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the rate.		

2015 Family Caregiver Support Program Request for Proposal
Proposed Personnel Detail Budget
July 1, 2015 – June 30, 2016

Applicant Agency Name:	
Proposed Program Name:	

Agency's Full-Time Equivalent (FTE) =		hours/week			Amount by Fund Source(s)				
Position Title	Staff Name	FTE	# of Hours Employed	Hourly Rate	Requested HSD Funding	Other Fund Source	Other Fund Source	Other Fund Source	Total Program
Subtotal – Salaries & Wages									
Personnel Benefits:									
FICA									
Pensions/Retirement									
Industrial Insurance									
Health/Dental									
Unemployment Compensation									
Subtotal – Personnel Benefits:									
TOTAL PERSONNEL COSTS (SALARIES & BENEFITS):									